

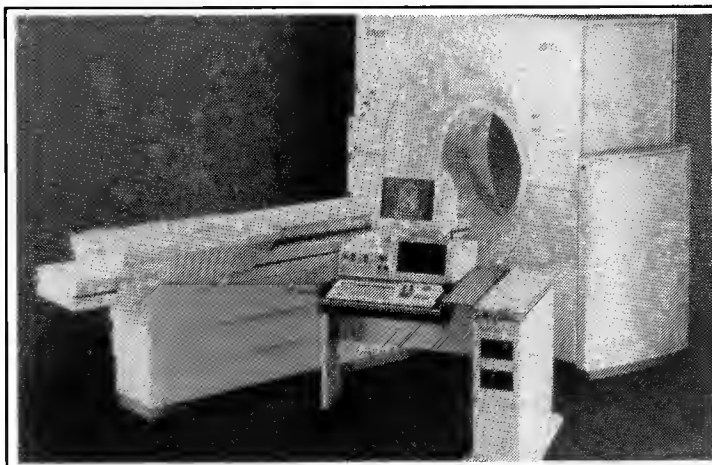


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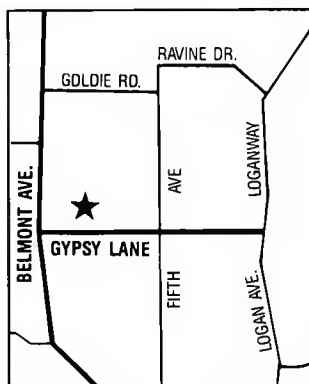
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Health Care Crisis

ASI HAVE DISCUSSED "HEALTH CARE" WITH LOCAL HOSPITAL RESIDENTS, WHO HAIL FROM ALL OVER THE WORLD, THE GENERAL consensus is that they are amazed by this country's dissatisfaction with its health care system. In their estimation, the health care

systems of virtually every other country fall into one of two categories: those with lousy care for everyone, and those with lousy care for the majority and good care for the few who can afford it. They are amazed that the government and industry leaders and the people of this country, with the best care for the greatest number anywhere in the world, want to change the entire system.

At the heart of the so-called "Health Care Crisis" are the physicians. Apparently, people regard the prices we charge for many of our services as a problem. Yet, it must be assumed that our services have some value, as do the services of others. These services provide benefits for which people have been willing to pay in the past. Unless a fair and proper value is assigned to these services, they will gradually cease to be provided.

Who, then, is in the proper position to assign such value? According to the public, the

government and the media, it is not the physician, since he is in conflict of profiting from this unilateral position. As a physician, I say that the public, the government and the media are not qualified to make this type of judgment, since neither of these groups has an accurate idea of what is involved in the practice of medicine.

The agency least-justified to place a monetary value on these services is a third party payer, since its only motivation is profit. Insurance companies and the government have nothing to gain by fairness. Their only aim is to make compensation as low as possible, in order to conserve capital for their own purposes.

Who, then, is left to decide? In my opinion, there is only one group that is qualified to decide the value of a given physician service in a given region — the recognized professional organization of each physician specialty in each area of the country. In my situation, for instance, that would be the North Central Section of the American Urologic Association. A division of this group could be created, consisting of retired urologists, university urologists, and accomplished and cost-conscious practicing private urologists, that could be fair and unbiased.

My reasoning is that the group would consist of individuals who have done this work, who have completed the rigorous training that is required and worked the late evenings, and have been on call for weeks at a time. These individuals would have a sense for the costs of running a practice in a given area, but would be in a detached position whereby they would not profit directly from their decisions. They would thereby render a fair value of each urologic procedure, along with a decision as to what should be included in each service.

As an added incentive to be fair, both to the public and to the physicians they represent, this group would be required to make their prices publicly known. In such a position for potential criticism, it is highly unlikely that any unreasonable prices would be issued. This would eliminate the possibility of someone in a far corner of the state of Alaska charging
continued on pg. 27

David E. Pichette, M.D.



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Health Reform at Crossroads; Society's Goals Set for 1995

THE PROFESSION OF MEDICINE HAS REACHED A CROSSROADS OF ENORMOUS CHANGES WITH REFERENCE TO HEALTH SYSTEM

reform. Just what is the proper road to take remains to be seen.

Before embarking on this journey of change, several questions

must be asked. First "Why is this journey needed at all?" Second, "Where's this journey headed?" Third "What, as a physician, must I take with me on this journey and should I go it alone or not?"

There is no doubt that the journey to health system reform has started and that this has been spearheaded primarily by business concerns. Several groups such as business, insurance companies, the state and federal governments, consumer groups, labor, hospitals, and even physician groups have already embarked. The initial reason for this trip was to control escalating health care costs. At this point in time business is the main driving force. In fact, the major health system reform changes are occurring in the market sector. The state governments are seeing their expenditures for Medicaid consume a much larger portion of the annual budget. Nationwide, Medicaid now accounts for 20% of the state budgets. By the year 2000, Medicaid will consume one-third of the budgets. Needless to say, the federal

government faces a similar picture with Medicare. Measures are being taken by business and government to rein in their health care costs. Both are looking to "managed care" as solutions. Managed care may or may not have all the answers to solving business or government's financial concerns.

Throughout the country, physician groups and hospitals have been searching for their way to address the changing climate of health system reform. Within our own community, reshaping of the health care delivery system is taking place by all of the aforementioned players. Our county Medical Society, through the leadership of our past president Chet Amedia, has helped to form a Physicians' Organization. The Medical Society was assisted in its efforts by an educational program sponsored by the American Medical Association.

At this time when great demands are being placed upon all the participants in health system reform, physicians need to remember that their primary responsibility remains that of patient advocate. This is the navigational aid that we must carry at all times when we are negotiating the health system reform highways.

As president of the Mahoning County Medical Society, I have chosen three goals for the upcoming year. The first is to establish a community relations committee. Members of this committee will be asked to interact with various community organizations such as the local chamber of commerce, the Lake to River Coalition, the AARP, labor, hospitals, and other groups. The Society has to take a more active role in community affairs as relates to the health care needs of its citizens. This committee represents a start.

The second goal is to continue to improve our ongoing dialogue with our legislators. The legislative committee is being restructured. Dr. Tom Boniface will chair this committee. If any members wish to serve on legislation, please contact Tom. The Physician Legislative Action Network organized by the OSMA will work in

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"...physicians need to come together and work for common goals that protect our patients' well-being and help to preserve the high standards of our profession."

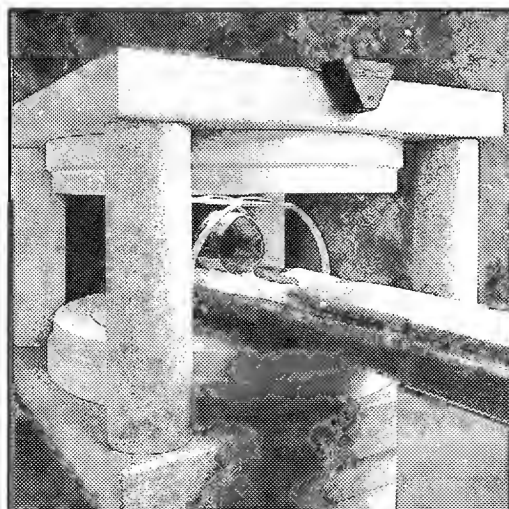
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Prescription Rule Affects Physicians/Pharmacists

THE OHIO STATE BOARD OF PHARMACY HAS DEVELOPED A NEW RULE REGARDING THE FORMAT THAT MUST BE USED WHEN

physicians write prescriptions and pharmacists fill them. This rule was reviewed and formally endorsed by the State Medical

Board prior to its implementation. The rule became effective on July 1, 1994, and is being enforced at this time for both physicians and pharmacists. The text of the rule, as it appears in the Ohio Administrative Code, is included below, along with some commonly asked questions and answers.

PRESCRIPTION FORMAT (EFFECTIVE 07/01/94)

Rule 4729-5-13 (Amplifies: 3719.06, 3719.28, 4729.02, 4729.37, 4729.66)

(A) No pharmacist shall dispense dangerous drugs pursuant to a written outpatient prescription unless the following conditions are met:

- (1) The prescription is issued in compliance with rule 4729-5-30 of the Administrative Code.
- (2) IF PREPRINTED, THE PRESCRIPTION CONTAINS ONLY ONE PRESCRIPTION ORDER PER PRESCRIPTION FORM, EXCEPT THAT PREPRINTED ORDER FORMS CONTAINING MULTIPLE PRESCRIPTIONS WHICH INCLUDE STERILE PRODUCT PRESCRIPTIONS AS DEFINED IN PARAGRAPH (B) OF RULE 4729-19-01 OF THE ADMINISTRATIVE CODE MAY BE FILLED AND DISPENSED.

(B) No practitioner shall write and no pharmacist shall dispense controlled substances pursuant to a written outpatient prescription unless the following conditions are met:

- (1) The prescription has been issued in compliance with rule 4729-5-30 of the Administrative Code.
- (2) THE PRESCRIPTION CONTAINS ONLY ONE PRESCRIPTION ORDER PER PRESCRIPTION FORM.
- (3) THE QUANTITY HAS BEEN WRITTEN BOTH NUMERICALLY AND ALPHABETICALLY.

(C) A prescription issued by a MEDICAL INTERN, RESIDENT, OR FELLOW as defined in paragraph (B) of rule 4729-5-15 of the Administrative Code may not be dispensed unless the prescription is issued in compliance with this rule and rule 4729-17-13 of the Administrative Code and unless it bears the IDENTIFICATION NUMBER ISSUED BY THE EMPLOYING HOSPITAL OR INSTITUTION pursuant to rule 4729-17-13 of the Administrative Code.

Can I still use preprinted pads?

Yes, but they must have only one drug with one strength and size on the prescription.

Can I put controlled substances on the same prescription as OTC or non-controlled substance legend drugs.

NO. Example: A patient that needs Duragesic 50mcg Patches, Vicodin-ES and Lasix 40mg tablets requires 3 separate prescriptions. Why?

1. Duragesic is a Class II Controlled Substance
 2. Vicodin is a Class III Controlled Substance
 3. Lasix is a Non-Controlled Legend Drug
- The above three medications require separate filing at the pharmacy level.*

What are the different types of drugs?

There are five types of drugs:

1. Class II Controlled Substances
(ie, Percodan, Dilaudid, Levodromoran)
2. Class III, IV & V Controlled Substances
(ie, Tylenol with Codeine #3, Darvocet N-100, and Lomotil)
3. Non-Controlled Legend Drugs
(ie, Buspar, Cardizem CD and Lotensin)
4. Over-The-Counter Drugs (OTC)
(ie, Sudafed, Tylenol and Chloraseptic Spray)
5. Exempt Narcotics — Medications that a patient can sign for under the supervision of a pharmacist
(ie, Novahistine-DH and Robitussin-AC)

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Dr. Williamson Appointed as Associate Dean for Clinical Affairs

JAY C. WILLIAMSON, M.D., HAS BEEN APPOINTED TO THE NEWLY-CREATED POSITION OF ASSOCIATE DEAN FOR CLINICAL AFFAIRS AT THE NORTH-eastern Ohio Universities College of Medicine (NEOUCOM).

In this position, Williamson serves as the liaison between the

clinical faculty, the associated hospitals and President and Dean Robert S. Blacklow, M.D. His duties include directing the Division of Clinical Sciences and chairing both the Clinical Advisory Council and the Council of Clinical Deans.

Williamson is working with John Engel, Ph.D., vice president for academic affairs and executive associate dean, to strengthen and coordinate activities across undergraduate and graduate medical education. This includes developing cooperative relationships with associated hospitals to enhance residency programs and with other medical colleges in the state to promote educational and health care efforts.

"One of my goals is to get the clinical campuses more involved with NEOUCOM, to bring them closer together and closer to the College and the activities that go on here," says Williamson.

The Tallmadge resident continues to maintain his own family practice, believing it's an important component of his new job. "Physicians relate better to someone who is clinically active, doing what they do, involved in the same kinds of things they are. I'll be better able to represent the College on that level and to encourage my fellow physicians to get involved in teaching medical students," he says.

"I also intend to make sure from my position that the curriculum continues to have a clinical emphasis," Williamson adds. "The students need to get their basic education, obviously, but we need to ensure that what they learn is clinically relevant."

Other areas of concern to Williamson include clinical research, community service programs and continuing medical education

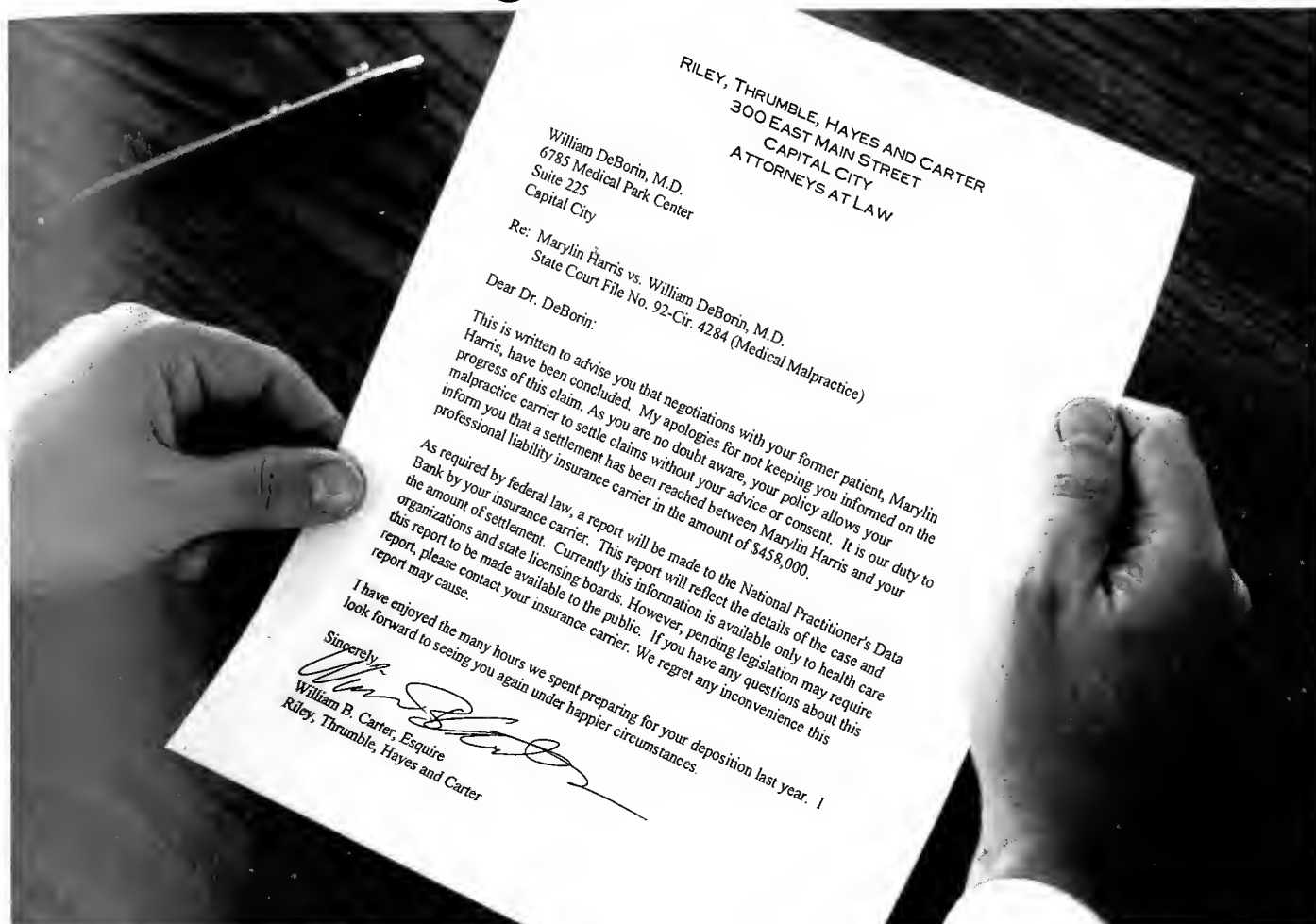
programs. He is also leading a search committee to locate a chairperson for NEOUCOM's family medicine department.

According to Engel, "NEOUCOM has come to a point in its development when it needed a senior clinician-educator to devote considerable time and energy to issues of graduate medical education and development of collaborative relationships with clinical departments in education and research. Dr. Williamson is an excellent clinician with a unique understanding of the important issues in both medical education and the practice of medicine."

From 1992-94 Williamson served as interim chairperson of the Department of Family Medicine at NEOUCOM. He has been director of Family Practice Residency Education at Akron City Hospital (Summa Health System) since 1988.

A native of Niles, Ohio, Williamson received his M.D. degree from The Ohio State University College of Medicine and his undergraduate degree from Ohio University.

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"Duet"

Alvar Suñol Muñoz-Ramos
Bronze Sculpture

ALVAR SUÑOL MUÑOZ-RAMOS, KNOWN SIMPLY AS ALVAR, WAS BORN JANUARY 20, 1935 IN MONTGAT, A CATALAN FISHING village on the Mediterranean Coast. He attended a prestigious fine art school in Barcelona at age 16. Two years later he won a

scholarship study trip to Granada. In 1957, at age 22, Alvar gave his first one-man show and was showered with invitations for shows throughout Spain.

In 1959, Alvar won another Grand Prize which sent him on a study trip to Paris. There, Alvar came under the wing of Juan Fuentes, director of the Parisian Galerie Drouant. Alvar's first showing at Juan's Galerie, a group of oil paintings, sold out in just one week. He lived in Paris for ten years and studied art from many sources.

In 1962, Alvar began exhibiting in the United States at the Monede Gallery in New York. One year later he began producing his first original lithographs, moving through the years into ceramic bas relief, bronze and precious metal sculpturing. Alvar has held many exhibitions regularly throughout Europe, the United States, Canada, and Japan. He now lives outside Barcelona where he continues to create

paintings, lithography, watercolors, and sculptures.

The featured bronze, "Duet", is an example of traditional female figures often found in Alvar's paintings. His first paintings tended to portray sadness but around 1966 the theme of musicians began to appear in his art, bringing expressions of hope. What is amazing about this bronze is how easily Alvar seemingly transcended his canvas into this dimensional work. All his life, Alvar has created art which arose out of everyday reality, not from political situations, but by knowing people and their problems without prejudice. He considers himself a mystic. His art is love, and he has a passionate love of people and life.

In creating this piece, Alvar omitted most of the usual features and details associated with the figure, keeping only the elements necessary for the equilibrium of the work. He starts out from reality, but at the same time takes people away from the burden of life and hopes to idealize their existence. There is a Romanesque fullness to the figures, with faces that are ageless and show no specific race or cultural traits.

There is an easy play of light and shadow, which helps to enhance the union of mental and physical in the piece. The faces are soulful, showing the deepness yet serenity of the emotion stirring within. It captures a moment when players are not aware of anything but the connection of their spiritualness to the music. At the same time, these characters are spiritualized without losing their carnal qualities. In "Duet", a relationship has been established in the communion of the body and the spirit.

Perhaps in one of these issues I will be able to bring you a color cover of one of Alvar's paintings. They are very unusual in content and color, and very appealing to the eye. Alvar Suñol is truly a major artist of the 20th Century.

Jeannine M. Lambert



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President's Page *(cont. from pg. 6)*

concert with the committee. It is also my goal to increase contributions from our society members to OMPAC. Political contributions remain an important and necessary action on the part of any group whose activities are the targets of legislative action.

The third goal for this year centers around increasing the membership of our Society. Now, more than ever, physicians need to come together and work for common goals that protect our patients' well-being and help to preserve the high standards of our profession. I have asked each member of Council to actively

recruit one new member. A new membership committee will be formed to coordinate these efforts. There is something to be said for strength in numbers. All members are encouraged to help in increasing our roles.

Getting back to my original metaphor concerning the crossroads at which medicine stands, Dr. Robert McAfee, current AMA president, has stated that physicians "can stand in the way, get out of the way, or lead the way." I encourage our membership to not only "talk the talk" but to "walk to walk" and become "active" in our Society's efforts.

Prescription Rule Affects Physicians/Pharmacists *(cont. from pg. 8)*

Can I use up my prescription pads with different drugs and different strengths with boxes to be checked?

NO

Why is this necessary?

Dispensing errors, prescribing errors, patients adding to their quantity, patients adding to their therapy and patients not always wanting or needing all of the medications on the prescription (ie, maintenance medications).

Questions regarding this topic or others relating to the practice of pharmacy can be forwarded to the Mahoning County Medical Society at 5104 Market St., Youngstown, OH 44512 and will be answered in future columns.

*Professionally,
John A. Petracci, RPh.
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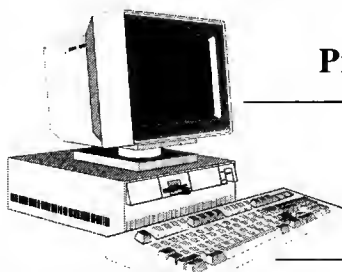
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A Look Back . . .

Sixty Years Ago
Nov./Dec. 1934

The Great Depression was on and the going was hard.

Physicians working in the Baby Welfare Stations presented a resolution to Council that: 1) stations should be conducted for well babies only, 2) no therapy for illness should be conducted there, and 3) attendance should be limited to families with an income of not more than \$75/month.



the military service. New officers were: W.H. Bunn, Sr., president; E.J. Reilly, president-elect; George McKelvey, secretary; and Vern Goodwin, treasurer. Edgar Baker was editor of the *Bulletin*. Major Herman Ipp was heard from, but his whereabouts were unknown. Captain Milton Kendall was in England for his second Christmas. Apprentice seamen James Smeltzer and Paul Fuzy, Jr. (a medical student at the time) were home for the holidays. Lt. James Miller got home for his first look at his new son.

Sixty Years Ago
Jan./Feb. 1935

The speaker at the January meeting was announced in the *Bulletin* to be an outstanding humorist, but he spoke on "The Continuous Intravenous in the Treatment of Peptic Ulcer." It wasn't very humorous. New officers were: James L. Fisher, president; L.G. Coe, president-elect; P.J. Fuzy, vice president; and William Skipp, treasurer.



Forty Years Ago
Nov./Dec. 1954

Penicillin was now plentiful and everyone with a cold was getting a shot of it. Syphilis was in full flight, but the resistances were building up, and a day of reckoning was coming. Pat Cestone became a fellow of the American College of Surgeons. Robert Jenkins opened an office for the practice of internal medicine. Bernard Schneider moved into his new medical office in Hubbard. Robert Foster opened his office at 420 Oak Hill Avenue, for the practice of orthopedic surgery.



Robert R. Fisher, M.D.



Robert R. Fisher, M.D.

Fifty Years Ago
Nov./Dec. 1944

Penicillin was released by the War Production Board in limited amounts for civilian use. It was recommended for sulfonamide-resistant pneumonia, gonorrhea, syphilis, meningitis and bacterial endocarditis. The recommended dosage was 40,000 to 50,000 units a day, or for serious infections, 100,000 to 200,000 units might be necessary. Fred Schellhase was in New Guinea with the Fifth Air Force. Sidney Keyes was promoted to Captain. A.J. Brandt was on the sick list.



Fifty Years Ago
Jan./Feb. 1945

There were 234 active members, 68 of whom were still in



Forty Years Ago
Jan./Feb. 1955

New officers were: Ivan Smith, president; G.E. DeCicco, president-elect; Andrew DeTesco, secretary; and A.K. Phillips, treasurer. Robert Tornello was the new editor of the *Bulletin*. A new addition was Mary Herald, our first executive secretary. New members that month were M.C. Hanysh and Frank Inui. Herman Ipp was president of the Academy of General Practice.



Thirty Years Ago
Nov./Dec. 1964

President Jack Schreiber wrote: "As doctors we have two primary obligations. One is to our patients, to be the best physicians we can be. The other is to our country, to be the best patriots we can be. The two are intertwined. We cannot long have one without the other." Howard Rempes had an interesting article about Dr. Charles Fowler who was one of the founders of our Medical Society. Richard Murray's sculpture of Orpheus being besieged by the Furies was installed in the front lawn of the Medart Building at 2125 Glenwood Avenue. It was carved by Dr. Murray from Carrara marble imported from Italy.



Thirty Years Ago
Jan./Feb. 1965

Officers were: John McDonough, president; Fred Resch, president-elect; R.J. Scheetz, secretary; and J.H. Reese, treasurer. Kurt Wegner was the new editor of the *Bulletin*, and Howard Rempes was the executive secretary. New member was Leonard Green. Richard Roland was elected president of the Academy of General Practice. Two members, Richard V. Clifford and Robert Poling were lost through death. The total membership numbered 346.



From the Bulletin

Twenty Years Ago
Nov./Dec. 1974

The debate over participation in government-controlled PSRO was raging. President John Melnick appointed an "ad hoc" peer review study committee with plans to develop a physician-sponsored PSRO independent of the government PSRO section of P.L. 92-603. Dr. William Charlebois died of a massive coronary thrombosis at the age of 51. On the same day, Dr. Julius Nemeth died at the age of 64.



Twenty Years Ago
Jan./Feb. 1975

New officers were: Rashid Abdu, president; W.E. Sovik, vice president (no longer called president-elect); George Dietz, secretary; Y.T. Chiu, treasurer. Earnest Perry was the new editor. Big events in January were the "President's Ball" held at the Youngstown Country Club, and the Installation Banquet at the Youngstown Club. In February, the Mahoning and Trumbull County Medical Societies met at the Squaw Creek Country Club for a combined meeting. Speakers were Bert Hecker and Ed Pichette.



Ten Years Ago
Nov./Dec. 1984

Both the president Glen Baumbblatt and the editor Suman Mishr wrote articles decrying the Federal Government's attempt to control the medical profession. Editor Mishr noted that "...the only way the government can give us something for nothing is to take it away from someone else." Dr. Michael Szauter, a retired psychiatrist, passed away at the age of 75. Dr. M. Henry Speck, then the second oldest member of the Society, died at age 87. He had practiced ENT for more than 60 years.



Ten Years Ago
Jan./Feb. 1985

New officers were: Juan Ruiz, president; Robert Memo, vice president; Karl Wieneke, secretary; and David Levy, treasurer. Ben Hayek was the new *Bulletin* editor. The Installation Banquet featured a speaker on wine-making, and the members participated in a wine tasting party. New members that month were: Norton German, Robert Spratt, Bimal Dayal and Kimbroe J. Carter. Associate members were: Baljeet Singh, Madhavarao S. Dasu and Thomas M. Robb. Erhard Weltman, a family physician, died at age 86.



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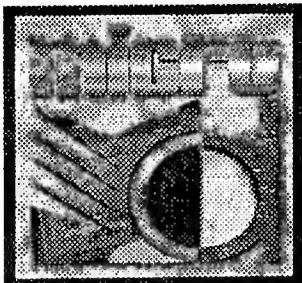


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Brian P. Bocker, MD

Neurosurgery

Office: 1616 Covington Street

Phone: 747-9215

MED. ED: Medical College of Ohio, Toledo, OH

INT: Good Samaritan Hospital, Cincinnati, OH

REDCY: Univ. of Wisconsin Hosp., Madison, WI

FELLOW: New York University Hospital,
New York, NY

SPONSORS: Anand G. Garg, MO

Hira L. Khanna, MO

Chander M. Kohli, MD



Gene A. Butcher, MD

Internal Medicine/Administrative Medicine

Office: 500 Gypsy Lane

Phone: 740-3575

MED. ED: Duke Univ. School of Med., Durham, NC

INT: Duke Univ. Medical Center, Durham, NC

REDCY: Duke Univ. Medical Center, Durham, NC

REOCY: Youngstown Hospital Association,
Youngstown, OH

SPONSORS: Chester A. Amedia, MD

Chris A. Knight, MD

Eric W. Svenson, MO



Joni S. Canby, DO

Obstetrics/Gynecology

Office: 1323 Florencedale Avenue

Phone: 746-1406

MED. ED: West Virginia School of Osteopathic

Medicine, Lewisburg, WV

INT: Parkview Hospital, Toledo, OH

REDCY: Parkview Hospital, Toledo, OH

REDCY: Memorial Hospital, York, PA

SPONSORS: Douglas Goldsmith, DO

William Sutherland, DO

Paul Weiss, DO



Robert L. Collins, MD

Obstetrics/Gynecology

Reproductive Endocrinology & Infertility

Office: 1011 Boardman-Canfield Road

Phone: 758-0975

MED. ED: University of Tennessee, Memphis, TN

INT: Wright-Patterson Med. Center, Dayton, OH

REDCY: Tripler Army Med. Center, Honolulu, HI

FELLOW: Walter Reed Army Medical Center,
Bethesda, MD

SPONSORS: Albert M. Bleggi, MD

Ralph W. Colla, MD

Musli Karmindro, MD



Sherif I. Hanna, MD

Ophthalmology

Office: 3020 Belmont Avenue

Phone: 759-7672

MED. ED: Medical College of Ohio, Toledo, OH

INT: Hartford Hospital, Hartford, CT

REDCY: Akron City Hospital, Akron, OH

FELLOW: Corneal Consultants of Indiana,
Indianapolis, IN

SPONSORS: Louis Bloomberg, MD

A. Zeev Rabinowitz, MD

Lyn E. Yakubov, MD



John R. Hurt II, MD

Cardiology

Office: 6505 Market Street #201

Phone: 726-0100

MED. ED: Univ. Central del Este, San Pedro,
Dominican Republic

REDCY: Edgewater Hospital, Chicago, IL

REDCY: Metro Health, Cleveland, OH

REDCY: Mount Carmel Health Sys., Columbus, OH

FELLOW: Mount Carmel Health Sys., Columbus, OH

FELLOW: Ohio State Univ. Hospital, Columbus, OH

SPONSORS: George J. Aromatorio, MD

Maurice A. Battle, MD

Robert R. Houston, MD



Stephen B. Kelminson, MD

Diagnostic Radiology

Office: 7250 West Blvd.

Phone: 758-8353

MED. ED: University of Texas, Galveston, TX

INT: St. Luke's Epis. Hospital, Houston, TX

REDCY: Parkland Memorial Hospital, Dallas, TX

FELLOW: University of Texas/Southwestern
Medical Center, Dallas, TX

SPONSORS: Ernesto Angtuaco, MD

Thomas F. Barrett, MD

Vikram A. Raval, MD



David M. Kennedy, MD

Internal Medicine

Office: 755 Boardman-Canfield Road

Phone: 758-2121

MED. ED: Wright State University, Dayton, OH

INT: Western Reserve Care System,

Youngstown, OH

SPONSORS: Jon Arnott, MD

John P. Gianetti, MD

L. Kevin Nash, MD



David E. Pichette, MD

Urology

Office: 755 Boardman-Canfield Road

Phone: 758-6666

MED. ED: St. Louis University School of
Medicine, St. Louis, MO

INT: St. Louis Univ. Hospital, St. Louis, MO

REDCY: St. Louis Univ. Hospital, St. Louis, MO

REDCY: Ohio State Univ. Hosp., Columbus, OH

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New Members



Fred I. Polsky, MD

Internal Medicine/Nephrology
Office: 3622 Belmont Avenue #22
Phone: 759-0059

MED. ED: University of Texas Southwestern
Medical Center, Dallas, TX

INT: Mt. Sinai Med. Center, New York, NY

REOCY: Mt. Sinai Hospital, New York, NY

FELLOW: Nat. Institute of Health, Bethesda, MD

FELLOW: Mt. Sinai Med. Center, New York, NY

SPONSORS: Roberto A. Bacani, MD

Aron Blecher, MD

Edward Kessler, MD



Ronald A. Rhodes, MD

General Surgery/Endoscopy
Office: 935 Trailwood Drive, Suite A
Phone: 726-0156

MED. ED: Northeastern Ohio University College
of Medicine, Rootstown, OH

REDCY: St. Elizabeth Hospital Medical Center,
Youngstown, OH

SPONSORS: David J. Dunch, MD

David Rich, MD

C. Conner White, Jr., MD



Gregory R. Roush, MD

Anatomic/Clinical Pathology
Office: 1044 Belmont Avenue
Phone: 480-2149

MED. ED: Northeastern Ohio University College
of Medicine, Rootstown, OH

REOCY: St. Elizabeth Hospital Medical Center,
Youngstown, OH

REDCY: University Hospitals, Cleveland, OH

SPONSORS: Surjit Bal, MD

Frank Kocab, MD

Alam Qadri, MD



Marc S. Saunders, DO

General Surgery
Office: 960 Windham Court #2
Phone: 726-7997

MED. ED: New York College of Osteopathic
Medicine, Old Westbury, NY

REDCY: St. Elizabeth Hospital Medical Center,
Youngstown, OH

SPONSORS: Rashid A. Abdu, MD

A. Gary Bitonte, MD

Chander M. Kohli, MD



John M. Sorboro, MD

Psychiatry
Office: 1044 Belmont Avenue
Phone: 480-3169

MED. ED: Medical College of Ohio, Toledo, OH

INT: Medical College of Ohio, Toledo, OH

REDCY: Cleveland Clinic Foundation,
Cleveland, OH

SPONSORS: Stephanie B. Dewar, MD

Michael A. Kachmer, MD

Richard Myers, MD



Marsha J. Stein, MD

Diagnostic Radiology
Office: 7250 West Blvd.
Phone: 758-B353

MED. ED: Univ. of Miami Med. School, Miami, FL

INT: Albert Einstein College of Medicine,
Bronx, NY

REDCY: Tufts New England Med. Ctr., Boston, MA

FELLOW: Parkland Memorial Hospital, Dallas, TX

FELLOW: Parkland Memorial Hospital, Dallas, TX

SPONSORS: Ernesto V. Angtuaco, MD

Thomas F. Barrett, MD

Vikram Raval, MD



Cornelius W. Stone, MD

Obstetrics/Gynecology
Office: 1044 Belmont Avenue
Phone: 480-3280

MED. ED: Ohio State University College of
Medicine, Columbus, OH

INT: St. Elizabeth Hospital Medical Center,
Youngstown, OH

REDCY: St. Elizabeth Hospital Medical Center,
Youngstown, OH

SPONSORS: Simon W. Chiasson, MD

Robert C. McClusky, MD

William Mucklin, MD



Ronald M. Yarab, MD

Physician Medicine/Rehabilitation
Office: 7000 South Avenue, Suite 3
Phone: 726-8668

MED. ED: Univ. of South Carolina,
Columbia, SC

INT: Medical College of Ohio,
Toledo, OH

REDCY: Ohio State University College of
Medicine, Columbus, OH

SPONSORS: Thomas S. Boniface, MD

Thomas N. Detesco, MD

Janifer R. Lloyd, DO

The following applications for membership were approved by Council:

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Maureen M. Matthews, M.D.

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Socialism and Medicine

ASI HAVE BEEN WATCHING THE EVOLUTION OF OUR HEALTH CARE SYSTEM OVER THE YEARS (PARTICULARLY THIS ONE), ONE OF the most absorbing and seemingly ubiquitous topics for me has been the age-old “specialist vs. primary care provider” debate.

This has been one of the constant features of any discussion on health care and is important for all of us to understand, not only because each of us obviously fits into one description or the other, but more significantly because the existence of and the relationship between the two is critical to the function of our profession as physicians. Comprehension of why medicine has evolved into its current amorphous structure, combining the various talents of many individuals for the betterment of a single patient, holds the key to composing a rational format for the future.

Of great concern to me has been the re-emergence of the sometimes bitter feelings expressed by those who feel that a colleague or particular specialty is overpaid, which in essence also means that the first party feels that he or she is underpaid/underappreciated. Unfortunately, these feelings sometimes emerge at a very inopportune time, such as in the development of a fledgling Physician Organization, when cooperation is most critical. While these feelings may be simply human nature,

Thomas S. Boniface, M.D.



Thomas S. Boniface

e.g. “the grass is always greener” etc., they also represent an essentially socialist ideology in which anyone employed in approximately the same profession should be “worth” essentially the same. This model, however, ignores many significant realities and if followed to its logical conclusion will have the same effect on medicine as it has had in Eastern Europe and the Soviet Union.

The coexistence of “primary care” and “specialist” physicians has evolved for a number of reasons, two of which I find most significant. First, primary care physicians deal with the “whole patient”, they know the patient best and have the necessary perspective to tie together the random behaviors of specialists. They can and should be able to deal with the vast majority of common problems encountered. Second, however, is the fact that specialists deliver a more accurate and cost-effective care for any given problem — which makes sense since they are focused on that problem or organ system, and should be efficient in their pursuit of the issue. Both of these reasons almost always work in the interest of our patients and help us to provide care which is simultaneously comprehensive and state of the art. Our coexistence should therefore be celebrated and expanded upon, not regulated and contempted.

When it comes to remuneration, personally I wouldn't know where to start in terms of placing a value on services, for instance how a new patient comprehensive visit with an internist would compare to reduction and cast treatment for a Colles' fracture (I can imagine the value placed would partly depend upon whether one actually has a fracture at the time). I do believe, however, that the market itself, if unfettered by preconceived notions or government regulation, does have a very good idea of the value of our services, whether primary or specialist care is involved. I feel that our remuneration should be determined by the market, and not by any self-envisioned model of who is worth what.

It is especially ironic that a physician, who might understandably be perturbed by comments
continued on pg. 27

'94 Roundup — From the Desk of the Editor *(cont. from pg. 26)*

from patients or government officials implying that his or her income is excessive, would then turn around and apply the same criticism to a colleague in another specialty. In other words, if we are able to be critical of each others' incomes, then so are we all open to valid criticism from those outside medicine, and must accept any other arbitrary definition of our "worth" from whatever point of view.

From the Desk of the Editor

(cont. from pg. 4)

\$2,000 for a service that would ordinarily cost \$1,000, with no one ever knowing.

These groups would certainly realize that the future of what has been the shining example of medical achievement and delivery for the rest of the world would be in their hands — and that to err for the sake of greed would be potentially disastrous.

My greatest fear with this issue is that we not allow these perceptions to become divisive, as a united front on reform is critical. Our primary interest must remain the delivery of quality care to our patients, and we should all accept whatever the market will allow in terms of income, regardless of our individual perceptions of each others' relative value in the market.

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1994 Proves MCMS Can Make a Difference!

THE BEGINNING OF A NEW YEAR MARKS A TIME FOR REFLECTION ON THE PAST AND A RENEWAL FOR THE FUTURE. IN 1994 THE Mahoning County Medical Society Council agreed to set some very high goals for itself and its membership and it is now time

to assess whether those goals were accomplished.

We targeted education of our membership in legislative and medical managed care issues. As a start, we organized and attended educational meetings to gain an understanding of managed care and the ability to succeed in various economic arrangements. After the initial education, a large portion of the membership enthusiastically endorsed the concept of developing a country-wide economic unit. The result is the Eastern Ohio Physicians Organization that has initiated a business plan which will be announced in early 1995. Dr. Handel orchestrated an ongoing program of legislative awareness and emphasized political activity on the "grassroots" level. We held meetings with the candidates, expressed our concerns and gave our recommendations for solutions. We then supported those candidates who endorsed issues important to organized medicine, many

of whom were elected. We now appreciate and recognize our ability to have a major impact on local politics and we hope to continue to focus efforts on this crucial area of public policy determination.

We initiated efforts to establish a community-wide voluntary care network to provide services for uninsured patients in our community prior to any decision on the part of the federal government to abandon its health care reform in 1994. The efforts to establish this program continue in cooperation with the Congressman's office and we hope to have a program implemented later this year.

In addition to new programs and projects, we have continued activities that had previous success. The Young Physicians' Group has publicized the availability of quality medical services in our community and educated the public via the television media. The Medical Society office has sponsored direct education programs for the physicians and their staff to assist in Medicare claims processing and to make them aware of changes in OSHA legislation and requirements so as to keep us in compliance with state and federal statutes. We have increased our participation in local health care coalitions by dialoguing with the community to help control health care costs and to resolve quality issues.

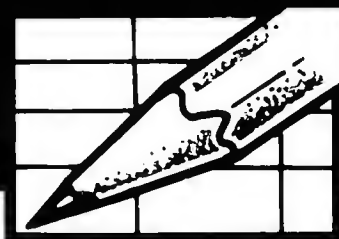
Most importantly, the Mahoning County Medical Society membership has improved its self-esteem by assuming a leadership role in each of these activities. The local media, government officials, and even other health care providers are looking to the Medical Society to provide the medical leadership into the next decade.

You are to be congratulated for your efforts and accomplishments in 1994. I appreciate them and encourage you to "stay the course" in 1995.

*Chester A. Amedia, Jr., M.D., F.A.C.P.
President*



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MCMS Happenings

"Dialogue with U.S. Representative James A. Traficant, Jr." was the topic of the November Society meeting. The MCMS welcomed Congressman Traficant as guest speaker, along with his assistant Atty. Henry DiBlasio. Other guests included City Health Commissioner Neil Altman, County Health Commissioner Matt Stefanek, and Tom Flynn, the Executive Director of the Lake to River Health Care Coalition.

Representing Ciba-Geigy Pharmaceuticals, John Basista provided a product display and was available for questions from the membership.

Dr. Eric Svenson, chairperson of the nominations committee, reviewed the nominations ballot for 1995. It was stated that this slate of candidates would be presented at the December meeting, at which time nominations would be accepted from the floor. Society members were to be notified by mail of the proposed slate of candidates.

SLATE OF CANDIDATES FOR 1995

President-elect	Chander Kohli
Treasurer	Norton German
Delegate	Kevin Nash
Alternate Delegates	Jane Butterworth
(Three to Elect)	Chander Kohli
	Thomas Traikoff
Council Members-at-Large . .	Thomas Albani
(Six to Elect)	Jenifer Lloyd
	Jeffrey Resch
	William Sutherland
	Eric Svenson
	Lynn Yakubov
Foundation Trustees	David Dunch
(Two to Elect)	Norton German



▲ U.S. Representative James A. Traficant, Jr.

The annual election of Council and Foundation Trustees took place at the MCMS December meeting, held at the Youngstown Club. President Dr. Chet Amedia presided over the business meeting, and Dr. Eric Svenson, chairperson of the nominations committee, conducted the election.

The slate of candidates presented at the November meeting was elected by acclamation.

Dr. Norton German, chairperson of the foundation committee, announced that a \$5000 loan was granted to a NEOUCOM student through the Foundation Loan Program.

Continuing a 16-year tradition of honoring excellence in medicine, the Society presented the 1994 Distinguished Physician of the Year Award to retired pediatrician Dr. Kenneth Hovanec.

A product display was provided by Pfizer Labs representative Joe Simko.

In The News

DR. ANAND G. GARG

was elected

President of the
Ohio State Medical Board

•

DR. CHATRCHAI WATANAKUNAKORN

received

NEOUCOM's 1994 Liebelt/
Wheeler Award for Faculty Excellence

•

DR. DAVID M. KENNEDY

was elected

Mahoning County Coroner

Distinguished Physician Award Presented to Dr. Kenneth Hovanic

Dr. Kenneth J. Hovanic is the recipient of the Mahoning County Medical Society's 1994 Distinguished Physician of the Year Award. A well-respected pediatrician, Dr. Hovanic served the community for more than 40 years, before his retirement in 1992.

Born in Lakewood, Ohio, Dr. Hovanic began his practice in the Youngstown area in 1950. His hospital staff affiliations have included Western Reserve Care System and St. Elizabeth Hospital Medical Center. He is described as a quiet, caring, compassionate

man whose advice has helped countless parents and children.

Dr. Hovanic received his B.S. degree from Wooster College, Wooster, Ohio, in 1944. He then attended Case Western Reserve University in Cleveland, Ohio, where he received his M.D. degree in 1946. Dr. Hovanic completed an internship at Metropolitan General Hospital, also located in Cleveland, in 1947.

While in the U.S. Army, Dr. Hovanic moved to San Francisco, where he completed a two-year residency (1947-49) at Letterman General Hospital, and a one-year residency (1949-50) at Stanford University Hospital.

Dr. Hovanic served as a Captain in the U.S. Medical Corps during World War II, while stationed at Ft. Sam Houston in San Antonio, Texas.

Throughout his practice, and his life, children have always been Dr. Hovanic's primary concern. He and his wife Jane are the parents of seven adult children.

Dr. Hovanic's years of dedication in the pediatrics field make him very deserving of this Society's Distinguished Physician of the Year Award.



▲ Dr. Kenneth J. Hovanic

MCMS Alliance News

The Mahoning County Medical Society Alliance has participated in a number of fund-raising events/projects over the past several months. Highlights include the Fall Fashion Show in November, the MCMSA holiday party, and the Potential Development Program project.

Chaired by Linda Amsterdam and Donna Hayat, the Fall Fashion Show raised over \$5,000 for charity. The MCMS Alliance presented a check for \$4,000 to the Mahoning County unit of the American Cancer Society for breast cancer research. The Alliance also donated \$500 each to the Western Reserve Care System and St. Elizabeth Hospital Medical Center for their psychiatric libraries.

On December 18th the Alliance held their annual holiday party at Powers Auditorium. Attendees brought canned goods for the Mahoning Valley Food Bank and collected donations for the YWCA Barbara Wick Transitional Home, which assists women and children who have been battered and abused. The planning committee for this event included Susan Berny, Mary Walton, Florence Wang, Beth Bacani, Anita Gestosani and Susan Yarab.

In a project co-chaired by Marcelle Svenson, Susan Berny and Mary Walton, the Alliance raised \$3,450 for the Potential Development Program of Youngstown. This program serves children between 2½ and 6 years of age whose functioning level is below their chronological age in areas such as visual motor perception, cognitive skills, language development and/or social interaction.



△ (L to R) Linda Amsterdam (co-chairperson), Mary Walton (president of the Alliance), Paul Rossi (from the Mahoning County American Cancer Society), and Donna Hayat (co-chairperson).

Congratulations!

The YWCA presented Women of the Year honors for 1994 to MCMSA member Norma Garritano (human and social services category) and president Mary Walton (health category). These ladies are to be congratulated for their efforts.

(L to R) Marcelle Svenson (co-chairperson), Virginia Leskanic (exec. director of Potential Development Center), Claud Thomas (treasurer), Mary Walton (president of the Alliance), and Susan Berny (co-chairperson).





I·N M·E·M·O·R·I·A·M

**DR. RICHARD
LOBRITZ, M.D.**

MAY 23, 1946
OCTOBER 19, 1994



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**DR. GENEVIEVE
DELFS, M.D.**

OCTOBER 4, 1911
NOVEMBER 1, 1994

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DERMATOLOGY	Robert Brodell, M.D. Jennifer Lloyd, D.O.	740-3958
DEVELOPMENTAL PEDIATRICS/GENETICS	Carolyn Bay, M.D.	740-3106
DIAGNOSTIC REFERRAL SERVICE	James Nard, M.D. Kurt Wegner, M.D.	740-3951
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INFECTIOUS DISEASES	John Venglarcik, M.D.	740-3993
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FEBRUARY 26, 1923
NOVEMBER 11, 1994



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**DR. ROBERT V.
BRUCHS, M.D.**

NOVEMBER 27, 1921
FEBRUARY 13, 1995

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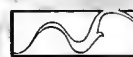
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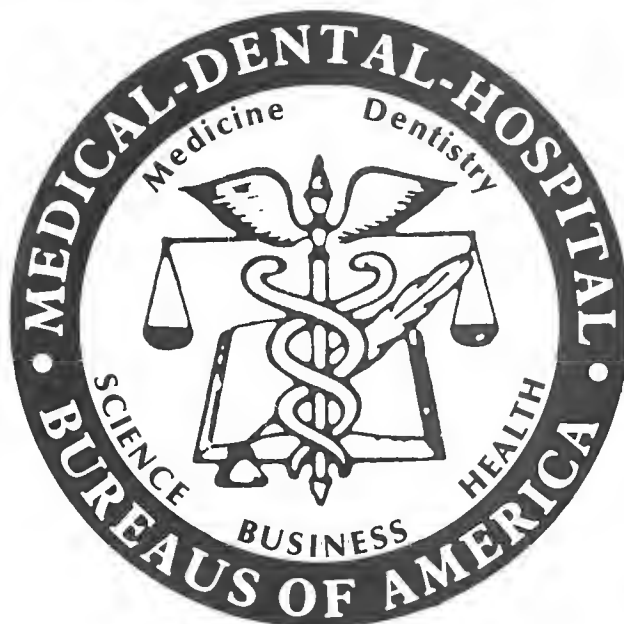


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